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	Class		ISSUE CLASSIFICATION

PATENT NUMBER

U.S. REISSUE Patent Application

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APPLICANT'S
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Surgical instrument

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FINAL PATENT _____ **(Exr. Initials)**

ORIGINAL PATENT NUMBER

ISSUING CLASSIFICATION

TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.				NOTICE OF ALLOWANCE MAILED	
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<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.				Amount Due	Date Paid
FINAL SPRE REVIEW				ISSUE BATCH NUMBER	
(INITIALS)	(Legal Instruments Examiner)			(Date)	

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